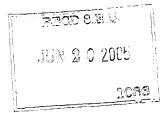
UNITED STATES SECURITIES AND EXCHANGE COMMISSION



Washington, DC 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION



SEC	USEONLY
Prefix	Scrial
1	1
DATE	RECEIVED
1	

Name of Offcring: (check if this is an amendment and name has changed, and indicate change.)	
SOLUTIONARY, INC.	
Filing Under (Check box(cs) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6)	ULOE
Type of Filing: New Filing Amendment	_
A. BASIC IDENTIFICATION DATA	th the
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
SOLUTIONARY, INC.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number	cr (Including Arca Code)
9420 Underwood Avenue, Omaha, Nebraska 68114-6608 (402) 361-3000	· · · · · · · · · · · · · · · · · · ·
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number	cr (Ipple Apaceti)
(if different from Executive Offices)	PRUCESSED
Brief Description of Business	2 2 2 2 2 2
Brief Description of Business Business network and systems security provider.	B JUN 2 4 2005
	<u> </u>
Business network and systems security provider.	THOMSON
Business network and systems security provider. Type of Business Organization Corporation Imited partnership, already formed business trust Imited partnership, to be formed	THOMSON
Business network and systems security provider. Type of Business Organization Corporation Dimited partnership, already formed other (please specify)	THOMSON FINANCIAL
Business network and systems security provider. Type of Business Organization Corporation Dimited partnership, already formed Dusiness trust Dimited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Month Year Actual	THOMSON FINANCIAL
Business network and systems security provider. Type of Business Organization Corporation Imited partnership, already formed business trust Imited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Month Year Actual	THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been, made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

- - Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or dispose

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Idelman, Steven A.
Business or Residence Address (Number and Street, City, State, Zip Code)
9420 Underwood Avenue, Omaha, Nebraska 68114-6608
1. In the second of the second
The transformation of the control of
Business or Residence Address (Number and Street, City, State, Zip Code) 9420 Underwood Avenue, Oniaha, Nebraska 68114-6608
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Thompson, Scott D.
Business or Residence Address (Number and Street, City, State, Zip Code)
9420 Underwood Avenue, Omaha, Nebraska 68114-6608
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Earson Brian L.
Business or Residence Address (Number and Street, City, State, Zip Code). 9420 Underwood Avenue, Omaha, Nebraska 68114.6608
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Hrabik, Michael J.
Business or Residence Address (Number and Street, City, State, Zip Code)
9420 Underwood Avenuc, Omaha, Nebraska 68114-6608
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☒ General and/or Managing Partner
Full Name (Last name first, if individual) Raschi Mark D:
Full Name (Last name first, if individual) Idelman, Steven A. Business or Residence Address (Number and Street, City, State, Zip Code) 9420 Underwood Avenue, Omaha, Nebraska 68114-6608 Check Box(es) that Apply Flyfomoter Beneficial Owner Executive Officer Director General and/or Municums Partner Full Name (Last name first, if individual) Idelman, Nebraska 68114-6608 Check Box(es) that Apply Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Individual Thompson, Scott D. Business or Residence Address (Number and Street, City, State, Zip Code) 9420 Underwood Avenue, Omaha, Nebraska 68114-6608 Check Box(es) that Apply Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Individual Business or Residence Address (Number and Street, City, State, Zip Code) 9420 Underwood Avenue, Omaha, Nebraska 68114-6608 Check Box(es) that Apply Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 9420 Underwood Avenue, Omaha, Nebraska 68114-6608 Check Box(es) that Apply Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 9420 Underwood Avenue, Omaha, Nebraska 68114-6608 Check Box(es) that Apply Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 9420 Underwood Avenue, Omaha, Ne
Check Box(cs) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
一起了一个大人,一个只要一直接到这里的,我们就是这些人,我们就是这些人,我们就是这些人的,这一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Business of Residence Address (Number and Street; City, State, Zip Gode)

Check Box(cs) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Shlensky, Steven A.
Business or Residence Address (Number and Street, City, State, Zip Code)
9420 Underwood Avenue, Omaha, Nebraska 68114-6608
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Cooney, Sister Norita
Business or Residence Address (Number and Street, City, State, Zip Code)
9420 Underwood Avenue, Omaha, Nebraska 68114-6608
Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Omaha Regional Community of the Sisters of Mercy
Business or Residence Address (Number and Street, City, State, Zip Code)
9420 Underwood Avenue, Omaha, Nebraska 68114-6608

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Page 3 of 10

	A Sept.	,		B. IN	FORMA	TION A	BOUTÓ	FEERING	3	3 386	200 SA	2875748. S	S
1 Has the	issuer sole	l or does th	ne issuer into	nd to sell	to non-a	ccredited	investors	in this off	Ger?			Yes	No
r. mus un			in Appendix						GI ;	************	************	Ц	\boxtimes
2. What is	s the minin	num investo	nent that wil	l be accen	ted from :	any indiv	idual?					N/A	١
						-						Yes	No No
3. Does th	ne offering	permit joint	t ownership	of a single	unit?	••••••	************	·····			••••••	🛛	
			sted for each										
			neration for susseciated pe										
or state	es, list the t	name of the	broker or d	ealer. If n	nore than	five (5) p	ersons to	be listed					
a broke	er or dealer	, you may s	et forth the	informatic	on for that	broker o	r dealer or	ıly.					
Full Name	: (Last nam	e first, if in	dividual)							· · · · · · · · · · · · · · · · · · ·			
N/A								-					
Business of	or Residenc	e Address (Number and	l Street, C	ity, State,	Zip Code	c)						
Name of A	Associated	Broker or D)caler								 		
			as Solicited										
			individual S									All Sta	ates
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last nam	e first, if in	dividual)			········- <u>-</u>							
Business of	or Residenc	e Address (Number and	Street, C	ity, State,	Zip Code	c)						
Name of A	ssociated	Broker or D	ealer		.*\								
			as Solicited individual S									ET All Ca	utau
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	All St [ID]	ates
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last nam	c first, if in	dividual)										
Business o	r Residenc	e Address (Number and	Street, C	ity. State.	Zip Code	5)						
		(,	,,,	- F	,						
Name of A	Associated	Broker or D	ealer					11					
States in V	Vhich Perso	on Listed H	as Solicited	or Intends	to Solicit	t Purchase	ors						
(Check	"All State	s" or check	individual S	States)	•••••	·······				••••••	***************************************	🗀 All St	ates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[Al]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	(SD)	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]	
[R1]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OPERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF	PROCI	EEDS.	1	2 E
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				12-3.	The company of
	Type of Security		Aggreg ffering		Am	ount Already Sold
	Debt	\$	-0-		\$	-0-
	Equity	\$	5,000	,000	\$	3,000,000
	☐ Common X Preferred					
	Convertible Securities (including warrants)	\$	-0-		\$	-0-
	Partnership Interests	\$	-0-		\$	-0-
	Other	\$	-0-		\$	-0-
	Total	\$_	5,000,	000	\$	3,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
]	Number Investo		Do	Aggregate Ilar Amount Purchases
	Accredited Investors		1		\$	3,000,000
	Non-accredited Investors		0		\$	-()-
	Total (for filings under Rule 504 only)		0		\$	-0-
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.					
	Type of Offcring		Type of Securit		Do	llar Amount Sold
	Rule 505		N/A		\$	-0-
	Regulation A		N/A	,,	\$	-0-
	Rule 504		N/A		\$	-0-
	Total		N/A		\$	-0-
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$	-0-
	Printing and Engraving Costs	•••••			\$	-0-
	Legal Fees.	•••••		\boxtimes	\$	5,000
	Accounting Fees	••••			\$	-0-
	Engineering Fees	•••••			\$	-0-
	Sales Commissions (specify finders' fees separately)				\$	-0-
	Other Expenses (identify)	· · · · · · · · · · · · · · · · · · ·			\$	-0-
	Total			ĺΧΙ	\$	5,000

5 To 4 3	C. OFFERING, PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	XX A Toxix
	b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is		
	the "adjusted gross proceeds to the issuer."		\$ <u>4,995,000</u>
4.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. above.		
		Payments to	
		Officers, Directors &	Payments to
		Affiliates	Others
	Salaries and fccs	S	\$0-
	Purchase of real estate	S -0-	S0
	Purchase, rental or leasing and installation of machinery and equipment	\$ -0	S0
	Construction or leasing of plant buildings and facilities	□ \$ <u>-0-</u>	S0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange of the assets or securities of		
	another issuer pursuant to a merger)	\$ <u>-0-</u>	\$ <u>-0-</u>
	Repayment of indebtedness	\$ -0	\$ -0-
	Working capital	\$0-	■ \$ <u>4,995,000</u>
	Other (specify)	S	S
		\$0-	S0-
		S	S -0-
	Column Totals	S	
	Total Payments Listed (column totals added)		,995,000

	D. FEDERAL SIGNATURE	
The issuer has duly caused this notice to be signed by	the undersigned duly authorized person. If this notice	is filed under Rule 505, the
following signature constitutes an undertaking by the iss	uer to furnish to the U.S. Securities and Exchange Comm	nission, upon written request
	non-accredited investor pursuant to paragraph (b)(2) of	
Issuer (Print or Type)	Signature	Date
Solutionary, Inc.	Din K. Kan	6/13/05
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Brian L. Larson	Chief Financial Officer	
	ATTENTION	
Intentional misstatements or omissions of	fact constitute federal criminal violations. (Se	ee 18 U.S.C. 1001).
	E. STATE SIGNATURE	No. of the second secon
2	The second state of the second	The second secon
1. Is any party described in 17 CFR 230.262 presently	subject to any of the disqualification provisions of	Yes No
such rule?		🗆 🗵
See App	pendix, Column 5, for state response.	
2. The understand issues housely undertaken to form	ah ta ann atata administrator of ann atata in which this	matica in filed a matica an
2. The undersigned issuer hereby undertakes to furni Form D (17 CFR 239.500) at such times as required	sh to any state administrator of any state in which this	notice is fried, a notice on
TOTAL D (17 OF R 235.300) at such times as required	by state law.	
3. The undersigned issuer hereby undertakes to furnish	to the state administrators, upon written request, inform	ation furnished by the issuer
to offerees.	• • • • • • • • • • • • • • • • • • • •	•
	is familiar with the conditions that must be satisfied to	
this exemption has the burden of establishing that the	which this notice is filed and understands that the issue	r claiming the availability of
this exemption has the burden of establishing that the	iese conditions have occur sanshed.	
The issuer has read this notification and knows the co	ntents to be true and has duly caused this notice to be	signed on its behalf by the
undersigned duly authorized person.	······································	organia and an and an and an and an
Issuer (Print or Type)	Signature	Date
Solutionary, Inc.	13 i 2. Lan	6/13/05
Name of Signer (Print or Type)	Title of Signer (Print or Type)	

Instruction.

Brian L. Larson

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Chief Financial Officer

OM-198713-2 Page 7 of 10

ΛP			

1			3		5				
	Intend to non-accontactions investors (Part B -	redited in State	Type of security and aggregate offering price offered in State (Part C – Item 1)		Type of investor and amount purchased in State (Part C – Item 2)				ation under DE (if yes, anation of granted) Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Vac	N Yo
AL	1 65	110		THVESTORS	Amount	Investors	Amount	Yes	No
AK									
AZ									
AR									
CA									
СО									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN							,		
IA								:	
KS									
KY									
LA									
ME									
MD									
MA	·								
MI					**				
MN									
MS									

OM-198713-2

Page 8 of 10

	. 4.1	\$ W.		APP	ENDIX			43 79 3 9	A Section 1
1	Intend to sell to non-accredited investors in State (Part B – Item 1)		Type of security and aggregate offering price offered in State (Part C – Item 1)	Type of	Finvestor and a (Part C	umount purchased in 2 – Item 2) Number of	State	Disqualifica State ULC attach expl waiver g (Part E -	ation under DE (if yes, anation of granted)
State MO	Yes	No		Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT						-			
NE		X	Series C Preferred Stock \$5,000,000	1	\$3,000,000	-0-	-0-		X
NV			Stock \$5,000,000						
NH									
NJ									
NM									
NY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
NC									
ND									
OH									
ОК									
OR									
PA									
RI							<u></u>		
SC									
SD									
TN	· · · · · · · · · · · · · · · · · · ·								<u></u>
TX									
UT				<u></u>					
VT									
VA	,								
WA									
wv	· · · · · · · · · · · · · · · · · · ·								

OM-198713-2 Page 9 of 10

1		2	3			4		[5
	non-ac	n-accredited aggregate offering price offered in State (Part C – Item 2)				non-accredited aggregate offering investors in State price offered in State		Disqualific State ULC attach exp waiver (Part E	DE (if yes, lanation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WI									
WY									
PR									

OM-198713-2